



Application for Employment

City of Lafayette

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position applied for _____ Date of Application _____

Referral Source ☐ Advertisement ☐ Employee ☐ Relative ☐ Government Employment Agency
☐ Walk-in ☐ Private Employment Agency ☐ Other _____

Name of source (if applicable) _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE Social Security # _____

Telephone # () _____ Other Phone # () _____ E-mail Address _____

If necessary, best time to call _____ am/pm

May we contact you at work? _____ ☐ Yes ☐ No

If yes, work number and best time to call _____ () am/pm

If you are under 18 and it is required, can you furnish a work permit? _____ ☐ Yes ☐ No

If no, please explain _____

Have you submitted an application here before? _____ ☐ Yes ☐ No

If yes, give date(s) and position(s) _____

Have you ever been employed here before? _____ ☐ Yes ☐ No

If yes, give dates _____ From / / To / /

Are you legally eligible for employment in this country? _____ ☐ Yes ☐ No

Date available for work _____ / / What is your desired salary range? \$ _____

Type of employment desired ☐ Full-Time ☐ Part-time ☐ Temporary ☐ Seasonal ☐ Educational Co-Op

Will you relocate if job requires it? ☐ Yes ☐ No Will you travel if job requires it? ☐ Yes ☐ No

Are you able to meet the attendance requirements of the position? _____ ☐ Yes ☐ No

Will you work overtime if required? _____ ☐ Yes ☐ No

If no, please explain _____

Have you ever been bonded? _____ ☐ Yes ☐ No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? _____ ☐ Yes ☐ No

If yes, please provide date(s) and details _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function _____ State _____

The City of Lafayette is an Equal Opportunity Employer

EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary).

EMPLOYER	TELEPHONE# ()	DATES EMPLOYED FROM TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		HOURLY RATE/SALARY STARTING	
STARTING JOB TITLE/FINAL JOB TITLE		\$ per	
IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATE/SALARY FINAL	
REASON FOR LEAVING		\$ per	
MAY WE CONTACT FOR REFERENCE?			
EMPLOYER	TELEPHONE# ()	DATES EMPLOYED FROM TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		HOURLY RATE/SALARY STARTING	
STARTING JOB TITLE/FINAL JOB TITLE		\$ per	
IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATE/SALARY FINAL	
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IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATE/SALARY FINAL	
REASON FOR LEAVING		\$ per	
MAY WE CONTACT FOR REFERENCE?			

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background (if job related)

List last three schools attended, starting with the most recent.

SCHOOL	NUMBER OF YEARS COMPLETED	DEGREE DIPLOMA	GPA CLASS RANK	MAJOR	MINOR

References

List name and telephone number of three business/work references who are *not* related to you and have *not* been listed on previous pages of this application.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	()	
	()	
	()	

Additional Information

List professional, trade, business or civic associations and any offices held. Exclude memberships that would reveal race, color, religion, sex, national origin, sexual orientation, citizenship, age, mental or physical disabilities, veteran/reserve, national guard or any other similarly protected status.

ORGANIZATION	OFFICES HELD

Special Accomplishments, Publications, Awards...

List professional, trade, business or civic associations and any offices held. Exclude memberships that would reveal race, color, religion, sex, national origin, sexual orientation, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Additional Information

List any additional information you would like us to consider.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by an appropriate City representative.

I understand that this application pertains only to the open position referenced on page one of this application. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature _____ **Date** _____

It is the policy of the *City of Lafayette* to provide equal opportunity to all employees and applicants without regard to race, color, sex, age, religion, national origin, marital status, veteran status, physical or mental disability, sexual orientation, political affiliation, or any other legally protected characteristic. This policy applies to all phases of employment including hiring, placement, promotion, demotion, lay-off, transfer, compensation, training, and termination of employment.

The City of Lafayette is an Equal Opportunity Employer

**EMPLOYEE NOTIFICATION
DRUG AND ALCOHOL TESTING
POLICY**

City of Lafayette

I, _____, understand and acknowledge that the City of Lafayette has a Drug and Alcohol Policy. I acknowledge I have access to a copy of the aforementioned Drug and Alcohol Testing Policy and it is my responsibility to read and understand its contents. Furthermore, I understand my prospective or existing employment is contingent upon testing negative for any drug test I am requested to undergo.

I also understand any refusal for pre-employment purposes will result in revocation of any offer for employment. Additionally, during my employment, any refusal to test will result in immediate termination and I will not be eligible for rehire.

The undersigned applicant/employee acknowledges the above expressed conditions.

Applicant/Employee Signature

Date

Affirmative Action Voluntary Information

Completion of information below is voluntary

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position applied for _____ Date ____ / ____ / ____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Advertisement - Source _____ | <input type="checkbox"/> Other _____ | |
| Name of person who referred you (if applicable) _____ | | |

Applicant Information

Name _____ Telephone# (____) _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

☐ Male ☐ Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | |
|---|---|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Hispanic | |

For Administrative Use Only

Position applied for ☐ Available ☐ Not Available

Other positions considered for _____

Hired ☐ Yes ☐ No

Position hired for _____

From the EEO job classifications listed below, which one best describes the position filled?

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

We consider all applicants for positions without regard to race, color, religion, sex, national origin, sexual orientation, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.